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**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	10/614,693
Filing Date	July 7, 2003
First Named Inventor	Rino Micheloni
Art Unit	2824
Examiner Name	Andrew Q. Tran
Attorney Docket No.	851063.484

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449
<input type="checkbox"/> Cited References
<input checked="" type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>):
<u>PTOL -85 (+ copy); Fee Address Indication Form;</u>
<u>Remarks After Allowance; and</u>
<u>Transmittal of Priority Document</u> |
|--|---|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	David V. Carlson	Customer Number
Signature		
Date	September 22, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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